



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
***PO Box 98907, Lakewood, WA 98496***

October 31, 2019

Assured Loving Care AFH LLC  
Assured Loving Care AFH LLC  
3584 E T Street  
Tacoma, WA 98404

RE: Assured Loving Care AFH LLC License #753908

Dear Provider:

The Department completed a follow-up inspection of your Adult Family Home on October 30, 2019 for the deficiency or deficiencies cited in the report/s dated October 3, 2019 and found no deficiencies.

The Department staff who did the inspection:  
Kathleen Edder, Adult Family Home Licensor

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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Statement of Deficiencies	License #: 753908	Completion Date
Plan of Correction	Assured Loving Care AFH LLC	October 3, 2019
Page 1 of 2	Licensee: Assured Loving Care AFH LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of:  
 10/3/2019

Assured Loving Care AFH LLC  
 3584 E T Street  
 Tacoma, WA 98404

The department staff that inspected the adult family home:  
 Kathleen Edder, Adult Family Home Licensor

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

_____	_____
Residential Care Services	Date

I understand that to maintain an adult family home license I must be in compliance with all the licensing laws and regulations at all times.

_____	_____
Provider (or Representative)	Date

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**WAC 388-76-10650 Medical devices.**

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(d) Ensure the medical device is properly installed.

**This requirement was not met as evidenced by:**

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure documentation regarding the need for and safe use of [REDACTED] for one of one resident (Resident #1) was on file as required. The missing documentation included the lack of an assessment, the lack of informed consent for the use of the [REDACTED], and the lack of confirmation of the safe installation of the devices. These failures placed the resident at risk for harm due to injury and/or entrapment.

**Findings included...**

Record review on 10/03/19 at 11:00 AM of Resident #1's admission agreement showed she was admitted to the home on [REDACTED] 19. Observations in Resident #1's room on 10/03/19 at 10:30 AM showed 1/2 length [REDACTED] installed on either side of Resident #1's bed.

Review on 10/03/19 at 11:00 AM of Resident #1's file found no documentation of an assessment regarding Resident #1's need for and ability to safely use the [REDACTED] no informed consent discussing the risks and benefits of using the [REDACTED] and no confirmation of the safe installation of the [REDACTED]

During an interview on 10/03/19 at 12:30 PM, the Entity Representative stated that she didn't know she needed to have the above noted documentation in place regarding the [REDACTED] for Resident #1.

**Attestation Statement**

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Assured Loving Care AFH LLC is or will be in compliance with this law and / or regulation on (Date) \_\_\_\_\_. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date

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